SCARVES, SHAWLS & COWLS CLASS



Knitted neckwear is always popular and tends to be fast and fun projects. This class is just in time for the gift giving season as you can come learn about construction and styling of scarves, shawls and cowls. Patterns for 3 projects will be included in the class and a sampler cowl will be knitted during the class.

A perfect class for knitters of any level to enjoy.

When: Saturday, September 22, 2012

Time: 6pm-8pm

Cost: \$25.00 + supplies

Where: The Crooked Stitch (downtown Rocky Mount)

Registration Deadline: Wednesday, September 19, 2012

*Sponsored by the Franklin County Parks and Recreation







For more information contact Whitney Harmon, instructor, at 540–420–7129.

Franklin County Parks and Recreation Registration & Liability Waiver Form For 2012 Scarves, Shawls & Cowls Class

| Name | | Age | |
|---|---|--|--|
| Mailing Address_ | | | |
| City | | Zip | - |
| Email Address | | | |
| Home Phone: | Work Phone: | Cell Phone: | _ |
| instructions of the perso entity responsible for th | cance of following all rules and on/or persons supervising this area where the activity is to instructions, and/or requireme | activity and/or the requiremen take place. I agree to follow a | ts of the person or |
| | mportant that I be in good phys responsibility to maintain an a | | |
| participating in this activ | me the risk of any physical injuvity and any transportation relating to and from the area wher | ated thereto. I further underst | |
| or any officer or employ persons for any persona relating to this program waiver shall not apply to injury or loss I might su | nd covenant not to sue on any tee of the County, or any volunt injury or loss that I might sus whether caused by negligence any claim I might have again estain arising out of gross or wato be photographed and to its and Recreation. | teer, or the estate or represenstain as the result of engaging and the present of contract, or otherwist the County (or its agents) from the negligence of any such process. | tatives of such in any activity vise: except that this or any such personal verson or entity. I |
| Signature of Partici | pant | | _ |
| I have the following physical impairments or medical conditions, including allergic reactions: | | | |
| Current medications t | hat participant is taking nov | v: | _ |
| | / Contact: Phone Number: | | |